PART B - FEE(S) TRANSMITTAL

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| | CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 003775 7590 07/06/2005 | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | |
| | ELMAN TECHNOLOGY LAW, P.C P. O. BOX 209 SWARTHMORE, PA 19081-0209 | | Con I hereby certify that the States Postal Service vaddressed to the Mai transmitted to the USP | Cortificate of Malling or Transmission that this Fee(s) Transmittal is being deposited with the United critice with sufficient postage for first class mail in an envelope the Mail Sup 18SUE FEE address above, or being facsimile the USPTO (571) 273-2885, on the date indicated below. | | |
| 10/03/2005 | HDEMESS2 00000042 050845 10614696 | | | Sandra | e G. Kush | (Depositor's name) |
| 01 FC:2501 | 700.00 DA | | | Sand | en D'Ku | (Signature) |
| 02 FC:1504 | 300.00 DA | | | Scot | 30,2005 | (Date) |
| | APPLICATION NO. FILING DATE | <u> </u> | FIRST NAMED INVEN | ITOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| | 10/614,696 07/07/2003 Roy Coniglio | | | | IBT1.065 | 7444 |
| | TITLE OF INVENTION: POLYMERIC-MATRIX BRACHYTHERAPY SOURCES | | | | | |
| | APPLN. TYPE SMALL ENTITY | ISSUE FI | EE PI | JBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| | nonprovisional YES | \$700 | | \$300 | \$1000 | 10/06/2005 |
| | EXAMINER AR | | rr ci | LASS-SUBCLASS |] | |
| | HARTLEY, MICHAEL G | | | 424-125000 | _ | |
| | CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) strached. The Address indication (or "Fee Address" Indication form registered in 2 regist | | | g on the patent front page, list s of up to 3 registered patent attorneys , alternatively, of a single firm (baving as a member a orney or agent) and the names of up to patent attorneys or agents. If no name is ne will be printed. 1 Gerry J. Elman 2 Elman Technology Law, P.C. | | |
| | 3. ASSIGNER NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) | | | | | |
| | PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. | | | | | |
| | (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | |
| | International Brachytherapy, s.a. Seneffe, Pelgium Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government | | | | | |
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| | Advance Order - # of Copies Unit The Director Deposit Account 1 | | | hereby authorized by comber | harge the required fec(s), or 5 (enclose an extra | copy of this form). |
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| | Authorized Signature OWY | ///m | | Date 5. | ept. 30, | 2005 |
| • | Typed or printed name Gerry J F | <u>lman</u> | | Registration | No. 74,404 | |
| | This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process | | | | | |

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